

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number PF01763NA
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450" on: NOVEMBER 24, 2004 <i>24</i> Signature  Typed or printed name <u>JUNE EDWARDS</u></p>	In re Application of <u>CALVERT, ET AL.</u>	
	Application Number	09/769,939
	Filed	01/26/2001
	For	METHOD AND APPARATUS FOR ACCURATELY LOCATING A COMMUNICATION DEVICE IN A WIRELESS COMMUNICATION SYSTEM
	Art Group	2686
	Examiner	QUINONES, ISMAEL C.
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$ 340.00</u></p> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$ </u> </p> <p> <input type="checkbox"/> A check in the amount of the fee is enclosed. </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </p> <p> <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a Fee Transmittal in duplicate. </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any over payment to Deposit Account Number 502117. I have enclosed a Fee Transmittal in duplicate. </p> <p> <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. </p>		
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)</p> <p> <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>39,633</u> <u>847-523-1096</u> <input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). <u>24 NOV 2004</u> <u>Date</u> </p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> * Total of <u>1</u> forms are submitted.</p>		

This collection of information is required by 37 CFR 1.91. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Fee Transmittal		<i>Complete If Known</i>	
<small>Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</small>		Application Number	09/769,939
		Filing Date	01/26/2001
		First Named Inventor	CALVERT, ET AL.
		Examiner Name	QUINONES, ISMAEL C.
		Group Art Unit	2686
TOTAL AMOUNT OF PAYMENT		(\$ 340.00)	
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 502117 Deposit Account Name Motorola, Inc.				3. 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